

Date Returned



Water Resources Program Application for a Water Right Permit



DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

☐ SURFACE WATER	GROUND WATER	☐ PERMANENT
▼ TEMPORARY	☐ SHORT TERM ☐	DROUGHT

	TEMPORARY SHORT TER attached instructions. Attach add		cessary.
*A NON-REFUNDABLE M Section 1. APPLICAN	INIMUM FEE OF \$50.00 MUS	T ACCOMPANY	THIS APPLICATION.
Applicant/Business Name: SELLAND COM	ISTRUCTION, Inc	Phone No: 509 662 71	Other No:
ddress: 1285 S. Wend			
Wenatchee to		State:	Zip: 9830 #
mail Address (optional):	moconstruction.	com	
ontact Name (if different from ab		Phone No:	Other No:
elationship to Applicant:			
ddress:			1
ity:		State:	Zip:
mail Address (optional):			
egal Land Owner or Part Owner N	Name of the Proposed Place of Use:	Phone No: 509 427 15	Other No:
ddress: 1280 010 97			
ity: Malott		State:	Zip:
mail Address (optional):			
Section 2. STATEMEN	T OF INTENT		
iefly describe the purpose of your Propose TO USE	WATER for dust	control	and compaction
ticipated length of time to com	tion of a sogo-	Ls ORAN	OBAN COUNTY
	which water will be applied to a be		t quantity required for each
urpose(s) of Use	Rate (check one box only) Cubic Feet per Second (CFS) Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
Dust Control	50 gpm	3.5 AF/YR	SEASONAL
empaction	50 gpm	1.0 AF/YR	. Seasonal
TOTAL:		4.5 AF/VP	
		7 3 4 7	
For cology APPLICATION NO:	4.33028		SEPA: Exempt/Not Exempt
Fee Paid 50.	Check No:	ECY Coding: 00	1-001-WR1-0285-000011

Priority Date 8 - 2 - 11

WRIA: 49

Short Term/Temporary Water Use Is this a request for a short term project (less than four months and non-recurring)? YES NO SNVS 275 Is this request for a temporary permit? XYES \(\subseteq NO If yes to either question above, indicate the dates that the water will be needed: FROM: 8 / 1 /2011 TO: 11 /1 /2011 Section 3. POINT OF DIVERSION OR WITHDRAWAL (Complete A or B, and C below) A.) If Surface Water Source B. /If Ground Water Source ☐ Spring ☐ Creek ☐ River ☐ Lake Well(s) Other: Other: Well diameter & depth:_ Source Name: Number of proposed points of withdrawal: Tributary to: Do you have an existing well? YES NO If available, attach Water Well Report and pump test. Number of proposed diversion points: Do you have an existing diversion? YES NO Well Tag ID No. W 15518 // C.) Point of Diversion/Withdrawal - Legal Description Range Parcel No. Section Township County 35 32 OKANDGAN Lot(s) Block(s) If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: Feet (North/South) and feet (East/ West) from the (NW SW NE SE) corner of Section_ Parcel No. Section Township County Lot(s) Block(s) Subdivision If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: feet (North/ South) and feet (East/ West) from the (NW SW NE SE) corner of Section_ NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper. Do you own the land on which the proposed point of diversion/withdrawal is located? \(\subseteq \) YES \(\subseteq \) NO If no, do you have legal authority to make this application for use of another's land? YES NO Provide the owner name(s), address, and phone number: William Earp 509 422-1588 Section 4. PLACE OF USE Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below. Section Range County Twp. Parcel No. For Ecology APPLICATION NO: SEPA: Exempt/Not Exempt Use Check No: ECY Coding: 001-001-WR1-0285-000011

Priority Date

Date Returned

OKANOGAN	COUNTY	Don	Mores	509	472 7300
e there any other water rig					
yes, provide the water righ					
tach a map of your proj sure to include a compl			iversion/withdra	awal and p	lace of use. If platted p
ection 5. WATER S	SYSTEM DE	SCRIP	TION		
escribe your proposed wat	er system (include	e type and	size of devices (sed to dive	ert or withdraw water from
ource): Propose		ain e		1	vell. Water
be withdraw	n from		/.	and	put in a me
truck. Wo		icx			
			Angle State	11 150	
		The second		X 137	
			7-4-11-		
10000		. 3	11-74-		
Section 6. DOMES	TIC WATER	SUPPI	LY SYSTEM	INFOR	RMATION
Complete A or B, and C	below)				
Complete A or B, and C	below)				
	- 1- 1-		B.) Municip	al Water	Systems only
a.) Domestic Water Sys	stems only	4.	B.) Municip	al Water	90.03.015)
A.) Domestic Water Sys	stems only	d:	B.) Municip	al Water	90.03.015)
A.) Domestic Water Sys	stems only	d:	B.) Municip (defined u	al Water and all water RCW states at the state at the sta	20.03.015) served water:
Projected number of conne	stems only		B.) Municip (defined u	al Water and all water RCW states at the state at the sta	20.03.015) served water: on to be served:
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<u>Stockwater</u>
List number and kind of stock:
Is the proposed project for a dairy farm? YES NO
Other Dropoged Form Uses
Other Proposed Farm Uses Describe all proposed uses:
Family Farm Water Act (RCW 90.66):
Calculate the acreage in which you have a controlling interest, including only:
 Acreage irrigated under water rights acquired after December 8, 1977,
Acreage proposed to be irrigated under this application, and Acreage proposed to be irrigated under other pending application(a)
 Acreage proposed to be irrigated under other pending application(s).
Is the combined acreage under existing rights greater than 6000 acres? YES NO
Do you have a controlling interest in a Family Farm Development Permit? YES NO
If yes, enter Permit No:
Section 8. OTHER WATER USES
Hydropower
Indicate total feet of head and proposed capacity in kilowatts:
Describe works:
Indicate all uses to which power is to be applied:
FERC License No:
Mining/Industrial Use
Describe use, method of supplying and utilizing water:
Other Use
Section 9. WATER STORAGE
Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☐ NO
Are you proposing to store more than 10 acre-feet of water? YES NO
Will the water depth be 10 feet or more? ☐ YES ☐ NO
If you answered yes to any of the above questions, please describe:

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

		<i>P</i>
Provide detailed driving directions	to the project site 2 miles	OUTH OF MALOTT
on 000 97 H	1564124 AdditS	15 1280 000 97.
ite Address: 1280 O	10 97 HISLARY M	relatt WA
Section 11. REQUIRED	SIGNATURES	
understand that in order to proc the site for inspection and monito	ovided in this application is true and acci- ess my application, I grant staff from the oring purposes. Even though the employ paration of the above application, all resp pplicant.	e Department of Ecology access to sees of the Department of Ecology
JISON GAUL	and the same	8/1/2011
Print Name	Signature /	8)1/2011 8)1/2011
Applicant or authorized representa	111 1 2 26	1 01.10.
		× 11 1 101
Print Name	Signature	Date Date
Print Name Legal Owner or Part Owner Place	Signature Signature	Date
Print Name Legal Owner or Part Owner Place Print Name	Signature Signature	Date Date
Print Name Legal Owner or Part Owner Place Print Name	Signature Signature	Date
Print Name Legal Owner or Part Owner Place Print Name Legal Owner or Part Owner Place Print Name	Signature Signature Signature	Date
Print Name Legal Owner or Part Owner Place Print Name Legal Owner or Part Owner Place Print Name	Signature Signature Signature	Date
Print Name Legal Owner or Part Owner Place Print Name Legal Owner or Part Owner Place Print Name	Signature Signature Signature of Use) Signature	Date
Print Name Legal Owner or Part Owner Place Print Name Legal Owner or Part Owner Place Print Name	Signature Signature Signature of Use) Signature	Date
Print Name Legal Owner or Part Owner Place Print Name Legal Owner or Part Owner Place Print Name Legal Owner or Part Owner Place *Submit your application to:	Signature Signature of Use) Signature of Use) Please check the region in the control Regional Office 15 W Yakima Avenue, Suite 200	Date Date Date Date Date Date Date Date
DEPARTMENT OF ECOLOGY CASHIERING SECTION	Signature of Use) Signature of Use) Please check the region in the Central Regional Office	Date Date Date Date Eastern Regional Office
Print Name Legal Owner or Part Owner Place Print Name Legal Owner or Part Owner Place Print Name Legal Owner or Part Owner Place *Submit your application to: DEPARTMENT OF ECOLOGY	Signature Signature of Use) Signature of Use) Please check the region in vice 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	Date Date Date Date Which the project is located: Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295
Print Name Legal Owner or Part Owner Place Print Name Legal Owner or Part Owner Place Print Name Legal Owner or Part Owner Place *Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611	Signature Signature of Use) Signature of Use) Please check the region in the second of the seco	Date Date Date Date Date Date Date Date Control of the project is located: Eastern Regional Office 4601 N. Monroe 500 Spokane, WA 99205-1295 (509) 329-3400

Southwest